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CHARLOTTE, NC 28280-4000 /2006 EHAILE2 00000004 10612669		PHAT & TRADERACH		Lisa Ron		(Depositor's name)
	4 10015069		TRABLE	.(NWa tox	(Signature)
:1501			•	47/2	76	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,669	10/612,669 07/02/2003		Edmond P. Guillot		042049/265218	3468
TITLE OF INVENTION: R	AIL CLIP FOR SEAT BAS	ES				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	01/20/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
OMGBA, ESSAMA		3726		029-469500		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Hickory Springs Manufacturing Company Hickory, North Carolina						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Z Corporation or other private group-entity Government						
4a. The following fee(s) are enclosed: 4 Issue Fee			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.			
☑ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0605 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss bublication Fee (if required) words of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if and anyon) of the contract of the	ny) or to re-apply any previous e other than the applicant; a re	usly paid issue fee to the applic egistered attorney or agent; or	the assignee or other party in
Authorized Signature Date Date						
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